

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: MODULE FOR TREATING FLUIDS AND A METHOD
OF PRODUCING A MODULE OF THIS TYPE

Attorney Docket Number:: 440757

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Wolfgang
Middle Name::
Family Name:: DIEMER
Name Suffix::
City of Residence:: Waldstetten
State or Prov. of Residence::
Country of Residence:: Germany
Street of mailing address:: Schwarzhornweg 7
City of mailing address:: Waldstetten
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 73550

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Klaus
Middle Name::
Family Name:: FIGGLE
Name Suffix::
City of Residence:: Altbach
State or Prov. of Residence::
Country of Residence:: Germany
Street of mailing address:: Ludwigstrasse 18/1
City of mailing address:: Altbach
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 73776

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Klaus
Middle Name::
Family Name:: FEIFEL
Name Suffix::
City of Residence:: Schwäbisch Gmünd
State or Prov. of Residence::
Country of Residence:: Germany
Street of mailing address:: Metlangerweg 5
City of mailing address:: Schwäbisch Gmünd
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 73529

CORRESPONDENCE INFORMATION

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REPRESENTATIVE INFORMATION

Representative Customer Number:: 23548

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/EP01/15195	12/21/01

FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
Germany	100 65 258.1	12/29/00	Yes

ASSIGNEE INFORMATION

Assignee name:: Pall Corporation
Street of mailing address:: 2200 Northern Boulevard
City of mailing address:: East Hills
State or Province of
mailing address::
Country of mailing
address:: New York
Postal or Zip Code of
mailing address:: 11548-1209